BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	AUTOMATIC PHON	JE-ANSWERING	METHOD BY RING D	URATION						
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the specification was filed onas United States Application Number;									
Information -	the specification			as						
For Use Without	United States A		;							
Specification	and amended o	on			(if applicable) and/or as PCT					
Attached:	International A	n was rued on	per		 -		_ as PCT			
	amended on	pplication raulit	Jei			; (if an	and was plicable)			
					14 40 1 10	_	-			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, 56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the									
	representative or ass patent or inventor's application by me or I hereby claim or inventor's certifica	signs more than countries than certificate on this r my legal repress foreign priority bate listed below a	ne same was not in pub- ention has not been pal intry foreign to the Ui- twelve months (six mo s invention has been fil- entatives or assigns, exc benefits under Title 35, and have also identified tion on which priority i	nited States of Ameri nths for designs) prio. ed in any country fore ept as follows. United States Code, below any foreign app	ca on an application r to this application	on filed by me , and that no a	or my legal pplication for			
Insert Priority	Prior Foreign App	lication(s)				Priority (Claimed			
Information:										
(if appropriate)	(Number)	(Country)	(Month/Day/Y	ear Filed)	Yes	No			
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	(Number)	(Country))	(Month/Day/Y	ear Filed)	Yes	No			
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	(Number)	(Country))	(Month/Day/Y	ear Filed)	Yes	No			
	(Number)	(Country)	(Month/Day/Y	ear Filed)	Yes	No			
	Thereber delice the he		05 II 's 16	40/) () 11 % 1	· · · · ·					
	i nereby claim the be	nent under 11tie	35, United States Code,	19(e) of any United	States provisional a	pplications(s) li	sted below.			
Insert Provisional										
Application(s): (if any)	(Application Number)			(Filing Date)						
	(Application Number)			(Filing Date)	(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application Numbe	r Da	ate of Filing (Month	/Day/Year)				
Insert Requested Information: (if appropriate)										
,	I hereby claim the benefit under Title 35, United States Code, 20 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, 12, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, .56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
Insert Prior U.S.										
Application(s): (if any)	(Application Numbe	r)	(Filing Date)	(Si	tatus - patented, per	nding, abandon	ed)			
Page 1 of 2 (Rev. 12/19/01)	(Application Numbe	r)	(Filing Date)	(Si	tatus - patented, per	nding, abandon	ed)			

Attorney Docket No. 2019-0229P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
ull Name of First or Sole Inventor: ssert Name of Inventor ssert Date This Document is Signed	WEI-SHENG TSAI (FAMILY NAME: TSAI)	Wirs.		OCT. 28, 2003						
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nsert Citizenship →	SAME AS MAILING ADDRESS	TAIWAN, R.O.C.								
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ull Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
	Residence (City, State & Country)	CITIZENSHIP								
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	<u> </u>	. •						
all Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
	Residence (City, State & Country)		CITIZENSHII)						
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ill Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIF							
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Inventor, if any: see above If Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)	CITIZENSHIP	DATE*						
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*DATE OF SIGNATURE